

| POSITION                  | INITIALS           | ID NO.             | DATE     |
|---------------------------|--------------------|--------------------|----------|
| FEE DETERMINATION         | <i>[Signature]</i> | <i>[Signature]</i> | 10/24/00 |
| O.I.P.E. CLASSIFIER       |                    | 75                 | 11/5/00  |
| FORMALITY REVIEW          | CM                 | 71632              | 12/1/00  |
| RESPONSE FORMALITY REVIEW |                    |                    |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date     |
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| Final Original |          |
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| 2              | 11/5/00  |
| 3              | 12/1/00  |
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| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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